



ANNUAL REPORT

ENERGY RECOVERY/INCINERATION

FACILITY NAME:	CALENDAR YEAR OF REPORT:	PERMIT NUMBER:	FACILITY ID:
FACILITY LOCATION (STREET ADDRESS:	COUNTY:		
FACILITY CONTACT (name):	FACILITY PHONE:		
FACILITY CONTACT MAILING ADDRESS (if different):	FACILITY CONTACT PHONE (if different):	FACILITY CONTACT EMAIL:	

Did you operate in _____?

☐ Yes **If yes**, proceed to next section and complete the form.

☐ No **If no**, answer the following questions, sign and date the last page, and submit. This completes your reporting obligations.

When did you stop operations? _____

Do you plan to restart? ☐ No ☐ Yes When? _____

PLEASE CHECK IF RECEIVED	RECEIVED (in tons)	INCINERATED (in tons)
<input type="checkbox"/> Municipal/Commercial Solid Waste		
<input type="checkbox"/> Construction/Demolition Waste		
<input type="checkbox"/> Landclearing Debris		
<input type="checkbox"/> Industrial Waste		
<input type="checkbox"/> Inert Waste		
<input type="checkbox"/> Wood Waste		
<input type="checkbox"/> Ash (other than special incinerator ash)		
<input type="checkbox"/> Dredged Materials		
<input type="checkbox"/> Sewage Sludge		
<input type="checkbox"/> Asbestos		
<input type="checkbox"/> Petroleum Contaminated Soils		
<input type="checkbox"/> Other Contaminated Soils		
<input type="checkbox"/> Tires		
<input type="checkbox"/> Medical Waste		
<input type="checkbox"/> Discarded pharmaceuticals/controlled substances		
<input type="checkbox"/> Yard Waste		
<input type="checkbox"/> Food Waste		
<input type="checkbox"/> Other (specify):		
Total		

WASTE BY-PASSED FOR (report in tons): Disposal _____ <input type="checkbox"/> Onsite <input type="checkbox"/> Offsite - Facility Name _____ Disposal _____ <input type="checkbox"/> Onsite <input type="checkbox"/> Offsite - Facility Name _____ Composting <u>(Please specify on page 3.)</u> Recycling <u>(Please specify on page 3.)</u>			
FERROUS METALS RECYCLED (in tons): Pre-incineration _____ Post-incineration _____			
Are you open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tip fees (Attach schedule if available): _____	
ANNUAL CAPACITY: _____		REMAINING YEARS OF OPERATION: _____	
POWER PRODUCED ANNUALLY: _____ kilowatt hours OTHER FUELS BURNED: <input type="checkbox"/> Natural Gas _____ cubic feet <input type="checkbox"/> Distillate Oil _____ gallons <input type="checkbox"/> Coal _____ tons <input type="checkbox"/> Other _____			
ASH DISPOSED: _____ tons ASH DISPOSAL FACILITY _____			
During the reporting year, were there any changes in your management practices that would impact your operations? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____ Are there any new solid waste activities planned at your site for this calendar year? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____ _____ Planned start date: _____			
DID YOU RECEIVE WASTE FROM:	WHERE FROM	TYPE OF WASTE	ESTIMATE AMOUNT
Out of County? <input type="checkbox"/> Yes <input type="checkbox"/> No			Please check: <input type="checkbox"/> Cubic Yards/Year or <input type="checkbox"/> Scaled Tons/Year
Out of State? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Out of Country? <input type="checkbox"/> Yes <input type="checkbox"/> No			

NOTE: Please ONLY fill in this chart if you collected materials for RECYCLING or COMPOSTING

AMOUNTS AND TYPES OF MATERIALS COLLECTED FOR RECYCLING OR COMPOSTING

PLEASE CHECK IF RECEIVED FOR <u>RECYCLING or COMPOSTING</u>	COMMERCIAL Please check: <input type="checkbox"/> Cubic Yards/Year or <input type="checkbox"/> Scaled Tons/Year	RESIDENTIAL Please check: <input type="checkbox"/> Cubic Yards/Year or <input type="checkbox"/> Scaled Tons/Year	TOTAL AMOUNT RECEIVED Please check: <input type="checkbox"/> Cubic Yards/Year or <input type="checkbox"/> Scaled Tons/Year
<input type="checkbox"/> Newspaper			
<input type="checkbox"/> Corrugated Paper			
<input type="checkbox"/> Mixed Waste Paper			
<input type="checkbox"/> Container Glass			
<input type="checkbox"/> PET Plastics			
<input type="checkbox"/> HDPE Plastics			
<input type="checkbox"/> LDPE Plastics			
<input type="checkbox"/> Other Recyclable Plastics			
<input type="checkbox"/> Aluminum Cans			
<input type="checkbox"/> Tin Cans			
<input type="checkbox"/> Ferrous Metals (iron, steel)			
<input type="checkbox"/> Nonferrous Metals (excluding aluminum cans)			
<input type="checkbox"/> Appliances (white goods)			
<input type="checkbox"/> Electronics (computers, CPUs, hard drives)			
<input type="checkbox"/> Electronics (monitors, TVs)			
<input type="checkbox"/> Tires (collected)			
<input type="checkbox"/> Asphalt			
<input type="checkbox"/> Concrete			
<input type="checkbox"/> Construction/Demolition			
<input type="checkbox"/> Wood Waste			
<input type="checkbox"/> Landclearing Debris			
<input type="checkbox"/> Yard Debris			
<input type="checkbox"/> Food/Food Scraps			
<input type="checkbox"/> Textiles (rags, clothing)			
<input type="checkbox"/> Co-Mingled Recyclables (specify):			
<input type="checkbox"/> Other (specify):			
<input type="checkbox"/> Other (specify):			
<input type="checkbox"/> Other (specify):			
Total Collected for Recycling			

NOTE: Please ONLY fill in this chart if you collected materials for RECYCLING or COMPOSTING

DESTINATION AND FINAL USE OF OUTGOING MATERIALS COLLECTED FOR RECYCLING or COMPOSTING

MATERIAL	OUTGOING AMOUNT Please specify tons or cubic yards.	DESTINATION FACILITY Please specify name, city, state.	FINAL USE Please specify: disposed, recycled, reused, composted, treated, burned for energy, stockpiled, etc.

PREPARED BY:	DATE:	PHONE:
EMAIL:		

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